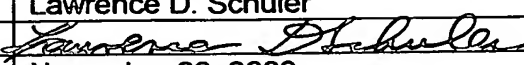


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> JDC-393 USA CON  <b>First Inventor</b> Linda Mary Morawski  <b>Title</b> Process for Manufacturing A Toothbrush  <b>Express Mail Label No.</b> EL710606598US	22390 U.S. PTO 10/722785
<b>APPLICATION ELEMENTS</b>  See MPEP Chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (e.g., PTO/SB/17)</b> <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> <b>Specification [Total Pages 12]</b> <small>(Preferred arrangement set forth below)</small> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. <input checked="" type="checkbox"/> <b>Drawing(s) (35 USC 113) [Total Sheets 2]</b>  5. <b>Oath or Declaration [Total Pages 3]</b> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies  <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS <b>Citations</b> 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other	
18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: 10/101,126, filed March 19, 2002, which is a continuation of Application Serial No. 09/740,741 filed December 19, 2000. Prior application information: Examiner Suzanne E. McDowell Group Art Unit: 1732 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>000027777</b> or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA			
<b>20. TELEPHONE CONTACT</b> Please direct all telephone calls or telefaxes to _____ at: Telephone: (732) 524-2811 Fax: (732) 524-2808			
<b>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
NAME	Lawrence D. Schuler		
SIGNATURE			
DATE	November 26, 2003		
		Reg. No. 26,334	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Linda Mary Morawski

For : PROCESS FOR MANUFACTURING A TOOTHBRUSH

Express Mail Certificate

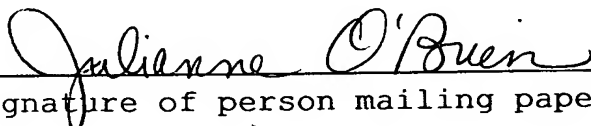
"Express Mail" mailing number: EL710606598US

Date of Deposit: November 26, 2003

I hereby certify that this complete continuation application, including specification pages, claims, informal drawings, preliminary amendment and Declaration and Power of Attorney (copy from prior application Serial No. 10/101,126), is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Julianne O'Brien

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)A4 PAPER

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	Not Yet Assigned
	Filing Date	November 26, 2003
	First Named Inventor	Linda Mary Morawski
	Group Art Unit	Not Known
	Examiner Name	Not Known
	Attorney Docket Number	JDC-393 USA CON

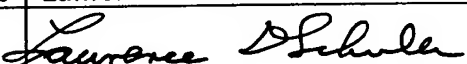
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	3 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			<b>TOTAL FEES</b>	<b>\$ 750.00</b>

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/JDC-393 USA CON/LDS in the amount of \$750.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JDC-393 USA CON/LDS. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Lawrence D. Schuler	Reg. No. 26,334
Signature		Date: 11/26/2003
		<b>Deposit Account No. 10-0750</b>